

KENTUCKY DEPARTMENT OF AGRICULTURE
Division of Regulation and Inspection
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Frankfort, KY 40601

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APPLICATION FOR RETAIL LICENSE TO HANDLE EGGS
Egg Program - KRS 260.540 to 260.650
April 1 – March 31

Application Date _____ *Signature* _____

NEWLY OPENED BUSINESS (First time ownership) ☐ Yes ☐ No

PREVIOUSLY OWNED BUSINESS ☐ Yes ☐ No (If previously owned, indicate former license number and name (if applicable). If you recently purchased this business, also indicate what date you began selling eggs):

Business Name _____	Egg License # _____	Began Selling Eggs / / _____
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SUPPLIER OF SHELL EGGS _____
SUPPLIER ADDRESS _____

Business Information:

Physical Address (911 address, street, or highway)

Business name: _____
Address: _____
City: _____ *State* _____ *Zip* _____
County: _____ *E-Mail:* _____
Business Phone: (_____) _____ *Fax:* (_____) _____
Owner/Operator: _____ *Contact:* _____

Mailing Address (address specific for business physical location)

Indicate (x) if the mailing address is same as the physical address. If different, complete the following:

Attention line: _____
Mailing address: _____
City: _____ *State* _____ *Zip* _____

Billing/License Renewal Address

Complete the following if your billing address is different than the business location and/or mailing address.

Billing name: _____
Address: _____
City: _____ *State* _____ *Zip* _____
Business Phone: (_____) _____ *Fax:* (_____) _____
Contact: _____ *E-Mail:* _____

License Fee is \$20.00. Your check or money order should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.